



CITY OF KELSO
COMMUNITY DEVELOPMENT DEPARTMENT

P.O. Box 819
203 S. Pacific Ave., Ste. 208
Kelso, WA 98626
Phone: 360-423-9922 ~ Fax: 360-423-6591

For Official Use Only:

Date: _____
File: _____
Zoning: _____
Reviewed: _____

BUILDING PERMIT APPLICATION

APPLICANT:

Last Name: _____ First Name: _____
Company Name (if applicable): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

PROPERTY OWNER (If different than applicant):

Last Name: _____ First Name: _____
Company Name (if applicable): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

CONTRACTOR (if applicable):

Company Name: _____ Contact Person: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
WA Contractor's License #: _____ Expires: _____ City Business License #: _____ Expires: _____

PROJECT INFORMATION:

SITE ADDRESS: _____ Assessor's Tax Parcel Number: _____
Subdivision/Legal Description: _____
Detailed Project Description: _____

Are there other structures on this property? Yes ___ or No ___ If yes, structure(s)? _____
Is property within 200 feet of a shoreline of statewide significance? Yes ___ or No ___
Is property within a Geo Hazard area? Yes ___ or No ___
Is building permit associated with a Land Use Permit? Yes ___ or No ___ If yes, permit number(s): _____

TYPE OF PERMIT YOU ARE APPLYING FOR – CHECK ALL THAT APPLY:

Type of Building: ☐ Residential ☐ Commercial ☐ Industrial

- | | | | |
|---|--------------|--|------------------|
| <input type="checkbox"/> New Construction | sq.ft. _____ | <input type="checkbox"/> Deck/Porch/Ramp | sq.ft. _____ |
| <input type="checkbox"/> Unfinished | sq.ft. _____ | <input type="checkbox"/> Foundation Only | sq.ft. _____ |
| <input type="checkbox"/> Addition | sq.ft. _____ | <input type="checkbox"/> Re-Roof | squares _____ |
| <input type="checkbox"/> Remodel | sq.ft. _____ | <input type="checkbox"/> Mechanical | fixture #s _____ |
| <input type="checkbox"/> Garage/Carport | sq.ft. _____ | <input type="checkbox"/> Plumbing | fixture #s _____ |
| <input type="checkbox"/> Mobile/Mfg. Home | sq.ft. _____ | <input type="checkbox"/> Demolition | sq.ft. _____ |
| <input type="checkbox"/> Shed | sq.ft. _____ | <input type="checkbox"/> Other – describe: | _____ |

Project Valuation (Total Fair Market Value Labor & Materials): _____

By signing this form, I certify that all of the property subject to this application is either in exclusive ownership of the applicant or that the applicant has submitted the application with the consent of all owners of the property.

Owner/Agent: _____ Date: _____
Signature Printed Name

INDICATE IN SQUARE FOOTAGE PROPOSED FLOOR AREA:			
FINISHED _____ SQ.FT.	UNFINISHED _____ SQ.FT.	EXISTING _____ SQ.FT.	
DECKS/COVT. PATIO _____ SQ.FT.	GARAGE _____ SQ.FT.	PROPOSED _____ SQ.FT.	
_____ NUMBER OF BATHROOMS			

PLUMBING FIXTURE COUNT (indicate number of each):				
Bath Tub	Dishwasher	Ice Machine	Area Drain	
Lavatory	Water Softener	Glass Fill St.	Roof Drain	
Shower	Auto Washer	Gas Pipe System	Refrig. Drain	
Water Closet	Elec. Water Htr.	Gas Water Heater	Proc. Equip. Drain	
Kitchen Sink	Lawn Sprinkler	Swimming Pool	Sewer Conn.	
Service Sink	Alter Water	Coffee Maker	Septic Tank	
Grease Trap	Alter Waste	Drinking Fount.	Dry Well	
Wash Tray	Relay Sewer	Dental Lav.	Drin Field	
Urinal	Car Wash Sump	Floor Drain	Garb. Disp. Unit	
Sump Pump	Bar Sink	Floor Sink	Dental Chair	
Trailer Trap	Glass Washer	Aspirator	X-ray Tank	
Fountain Drain	Water Connection	Other	TOTAL	

MECHANICAL FIXTURE COUNT (indicate number of each):				
Furnace > 1000k BTU	Conversion Brner	Boiler or Compr. < 3hp	Air Hand.<10,000CFM	
Furnace < 1000k BTU	Heater	Boilr.or Comp. 3-15hp	Air Hand.>10,000CFM	
Cooling unit	Vent no appl.	Boilr.or Comp.15-30hp	Evap. Cooler	
Hood w/mech. exhaust	Vent Fan w/duct	Boilr. or Compr. >50hp	Ventilation System	
Gas Piping	Comm. Incin.	Other	TOTAL	

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

Signature of Owner/Authorized Agent _____

Date _____